2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # P97000073302 1. Entity Name LHL CORPORATION Principal Place of Business Mailing Address		Secretary of State				
4776 NEW BROAD ST 4776 NEW BROAD ST STE 250 STE 250		:				
RLANDO, FL 32814 ORLANDO, FL 32814						
DO NOT WRITE IN THIS SPACE		01222008 No Chg-P CR2E034 (11/05)				
				Applied For Not Applicable		
		5. Certificate	of Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent						
GODWIN, LARRY 4776 NEW BROAD ST SUITE 250	W BROAD ST		DO NOT WRITE			
ORLANDO, FL 32814		IN THIS SPACE				
8. The above named entity examits this statement for the purpose of changing its register	red office or register	red agent, or bo	th. in the State of Flo	rida. I am familiar	with, and accept	
the obligations of registered egent.						
SIGNATURE Signeture Tiped or printed nerve registered agent and title if applicable (NOTE: Register	ed Agent eignature required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.	+	.00 May Be ed to Fees)919097 -80109-003	150.00	
10. OFFICERS AND DIRECTORS	-		oor tarno.	-001U3-UU:) 130.00	
NAME GODWIN, LARRY STREET ADDRESS 4776 NEW BROAD ST SUITE 250						
CITY-ST-ZIP ORLANDO, FL 32814	-					
NAME STREET ADDRESS						
CITY-ST-ZIP	_					
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE					
TITLE NAME		IN T	THIS SP	ACE		
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	1					
STREET ADDRESS CITY-ST-ZIP						
TITLE	1					
MAME STREET ADDRESS						
12. Thereby certify that the information supplied with this filing does not qualify for the exindicated on this report or supplemental report is true and accurate and that my signal	emptions contained	in Chapter 119	, Florida Statutes. I i	further certify that	the information	
12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and that my signar of the corporation or the receiver or studies empowered to execute this report as required the corporation of the receiver or studies empowered to execute this report as required, or on an attachment with an address, with all other like empowered.			s; and that my name	appears in Block	10 or Block 11 if	
SIGNATURE AND TOPIC OF MERITED NAME OF SIGNING OFFICER OF DIRECT		-25	Dete 9	127-6 Deytena Ph	2802/00	